

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16-31, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0550-0003

## APPLICATION PART I

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

Check here if  
Revised FormFor PTFP  
Use

## 1. APPLICANT

Legal Name Watts Cinema and Education Center, Inc.Organizational  
Unit N/AMailing Address  
(line 1) 10124 S. Broadway, Suite 110-DAddress (line 2  
if required)City Los AngelesState CACounty Los AngelesZip 90003-45352. Employer  
ID # (EIN)95-4548513

3. DUNS #

15-910-6843Main  
Station  
Call  
Letters

Radio MHz TV Channel

## 4. Administrative Contact

E-mail wattstar@aol.com

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. Barbara

J.

StantonExecutive DirectorPhone # (323) 757-7506

Fax #

(323) 757-7072

## 5. Engineering Contact

Full Name Mr. Eugene MockEngineer  
Phone(310) 814-4544Title Systems Integrator

E-mail

gene.mock@ngc.com

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations  
are required N8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (T)V  
or (RT) for both T(B)roadcast or (N)onbroadcast N  
or (BN) for both10. Length of  
Project (# of  
months) 12

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility, repeater,  
translatorREPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansion

Population Currently Served by station				7
First Service added by NEW proposed facility				20
ADDED SERVICE to those covered by others				4,000

## Special Application

12. Single  
Congressional  
District of  
Applicant3713. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)CA 35, CA 39

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 46,422

b. Applicant Share \$ 15,474

c. TOTAL \$ 61,896

d. Fed. % of eligible costs 75.00 %

15. Is application subject to review by Executive Order 12372?

☒ YESThis application was made available to the  
State EO 12372 process for review on  
03/30/2004☐ NOProgram is not covered by EO 12372  
or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.  
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP  
Rules if the assistance is awarded.Phone # (323) 757-7506

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mrs. Mary AliceMayeTreasurerSignature of authorized  
representativeDate  
signed03-30-04

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wattstar

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This form expires 10/31/2006 Previous Editions NOT usable

APPLICATION  
FOR PTFP FUNDS  
PAGE 2

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0550-0003

## 18. Summary of application (Summarize the purposes of the application in a few sentences.)

The Watts Cinema and Education Center requests funding to establish a non-broadcast, community-based distance learning and technology production center for the Watts/Willowbrook communities in the city of Los Angeles, California.

## 19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher Learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

## 20. Station Operations

THIS YEAR  
NEXT YEAR IF PROJECT FUNDED

	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	2	80	2	80
Part-Time Staff	3	44	4	56
Volunteers	52	104	75	150
Operating Budget	\$ 180,438		\$ 242,334	

## 21. Public Broadcasting Affiliations



Check if nonbroadcast application and therefore Q. 21 Not Applicable

Enter "Y" if applicant is currently CPB qualified

☐

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

☐

Date of expected qualification

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year						
Next year						

## 22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

## 23. Yes (No) (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

## 24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
None	NONE
City	Call Letters
City	Call Letters

## 25. Areas affected by this Project (Cities, Counties, States, Etc.)

Watts/Willowbrook - County of Los Angeles - California

REMARKS (continuation of any items from page 1 or this page— continue on plain paper attached to this page if necessary)

APPLICATION  
FOR PTFP FUNDS  
OMB Approval  
0860-0003

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

Check here if  
Revised Form ☐

For PTFP  
Use

## APPLICATION PART I

### 1. APPLICANT

Legal Name KCET/Community Television of Southern California  
Organizational Unit Not Applicable  
Mailing Address (line 1) 4401 Sunset Boulevard  
Address (line 2 if required) \_\_\_\_\_  
City Los Angeles State CA County Los Angeles Zip 90027-

2. Employer ID # (EIN) 95-2211661

3. DUNS # 00-678-1348

Main Station Call Letters KCET TV 28  
Radio MHz TV Channel

### 4. Administrative Contact

E-mail dhinton@kcet.org

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position  
Ms. Deborah A. Hinton  Executive Vice President

Phone # (323) 953-5204

Fax # (323) 953-5347

### 5. Engineering Contact

Full Name Mr. Horace Scott

Engineer Phone # (323) 953-5232

Title Vice President, Engineering & Operations

E-mail hscott@kcet.org

### PROJECT INFORMATION

6a. Enter "Y" if Reactivation N

6b. Old File # \_\_\_\_\_

7. Enter "Y" if new FCC authorizations are required N

8. Enter the Priority or Category under which you request the application be reviewed

### 9. Enter letter(s) to classify project

(P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both T (B)roadcast or (N)onbroadcast or (BN) for both B

10. Length of Project (# of months) 12

### 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the appropriate column	NEW BROADCAST facility: repeater, translator.	REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST activation or expansion
Population Currently Served by station	<u>671,753</u>			
First Service added by NEW proposed facility	<u>0</u>			
ADDED SERVICE to those covered by others	<u>0</u>			

12. Single Congressional District of Applicant 33

13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9)

20, 22, 25

### 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 118,850  
b. Applicant Share \$ 178,275  
c. TOTAL \$ 297,125  
d. Fed. % of eligible costs 40.00 %

### 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the State EO 12372 process for review on 03/31/2004  
☐ NO Program is not covered by EO 12372 or Program has not been selected by State for review

### 16. Is applicant delinquent on any Federal Debt?

NO  
Enter YES or NO  
If YES, attach explanation.

### 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (323) 953-5204

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position  
Ms. Deborah A. Hinton  Executive Vice President

Signature of authorized representative

Date signed 3/30/04

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APPLICATION  
FOR PTFP FUNDS  
PAGE 2

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0860-0003

## 18. Summary of application (Summarize the purposes of the application in a few sentences.)

KCET/Community Television of Southern California seeks funding assistance to improve microwave signal and link quality to our cable system operators and translators serving viewers in Bakersfield and Victorville, California and the surrounding regions.

## 19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher Learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

## 20. Station Operations

THIS YEAR NEXT YEAR IF PROJECT FUNDED

	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	163	40	183	40
Part-Time Staff	4	25	4	25
Volunteers	1000	0	1000	0
Operating Budget	\$ 42,207,867		\$ 43,052,000	

## 21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year	Y					
Next year	Y					

## 22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of License	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes (No)  
(circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

## 24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
Fresno, CA	KVPT
City	Call Letters
City	Call Letters

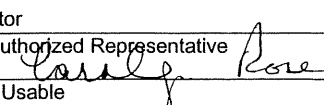
25. Areas affected by this Project (Cities, Counties, States, Etc.)

The cities of Bakersfield, Lamont, and Rosedale within Kern County, California and the city of Victorville within San Bernardino County, California.

REMARKS (continuation of any items from page 1 or this page— continue on plain paper attached to this page if necessary)

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 29, 2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Community Services & Employment Training, Inc. (C-SET)			Organizational Unit: Department: Community Development		
Organizational DUNS: 09-128-5288			Division: Community, Youth & Workforce Development Division		
Address: Street: P.O. Box 1350			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Mary Alice		
City: Visalia			Middle Name		
County: Tulare			Last Name Escarsega-Fechner		
State: CA		Zip Code 93279	Suffix:		
Country: USA			Email: mescarsega@cset.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-1701352			Phone Number (give area code) 559-625-7004		Fax Number (give area code) 559-733-3971
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O. Not for Profit Organization Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Rural Business Enterprise Grant 10-769			<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Pixley, Tipton, and Earlimart of Tulare County, CA			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> The Rural Microenterprise VentureLab is a new project designed to jump start new small businesses in southern rural Tulare County, California. The project will be operated in Pixley – a USDA-designated Champion Community.		
<b>13. PROPOSED PROJECT</b> Start Date: June 1, 2004 Ending Date: May 31, 2005			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 21 b. Project 21		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	51,842.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 29, 2004		
b. Applicant	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	53,042.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix Ms.		First Name Carolyn		Middle Name	
Last Name Rose		Suffix			
b. Title Executive Director		c. Telephone Number (give area code) 559-732-4194			
d. Signature of Authorized Representative 		e. Date Signed 3-29-04			

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 21, 2004	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: IOTD Hispanic Research Center		Organizational Unit: Corporation	
Address (give city, county, State, and zip code): 5637 N. Pershing Avenue, Suite B6b Stockton, CA 95207		Name and telephone number of person to be contacted on matters involving this application (give area code) Roy Nunez (209) 472-0438	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">         6 8 — 0 2 6 9 1 3 8       </div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; width: 20px; height: 20px; line-height: 20px; float: right;">N</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 50%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>Non-profit Org.</u> </div> </div>	
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New           <input checked="" type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> <div>D. Decrease Duration</div> <div>Other(specify):</div> </div> <hr style="width: 30%; margin-left: 0;"/>		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Agriculture	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: center; border: 1px solid black; padding: 5px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> <span style="border: 1px solid black; padding: 2px 5px;">  </span> </div> TITLE: USDA Rural Business Enterprise Program (RBE)		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> San Joaquin County Rural Business Enterprise Program	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Cities of Lathrop and French Camp, CA		<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg);"> <b>RECEIVED</b>  <b>APR 1 2004</b> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; transform: rotate(-2deg);"> <b>STATE CLEARING HOUSE</b> </div>	
<b>13. PROPOSED PROJECT</b> Start Date: 4/1/04    Ending Date: 3/31/05			
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 11th District		b. Project: 11th District	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$	114,500 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$	48,000 <sup>00</sup>	
c. State	\$	<sup>00</sup>	
d. Local	\$	<sup>00</sup>	
e. Other	\$	<sup>00</sup>	
f. Program Income	\$	<sup>00</sup>	
g. TOTAL	\$	162,500 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative Roy Nunez		b. Title Director / CEO	c. Telephone Number (209) 472-0438
d. Signature of Authorized Representative 		e. Date Signed 3-21-04	

# APPLICATION FOR FEDERAL ASSISTANCE

DUNS - 145727889

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 29, 2004		Applicant Identifier																						
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier																						
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier																						
<b>5. APPLICANT INFORMATION</b>																										
Legal Name: Proteus, Inc.			Organizational Unit: N/A																							
Address (give city, county, State, and zip code): 1830 N. Dinuba Blvd. Visalia CA 93291			Name and telephone number of person to be contacted on matters involving this application (give area code) Shawna Goodwin (559) 733-5423 ext. 260																							
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 — 2 1 8 4 3 3 0			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div>           H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Comm. Non-Profit</u> </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin: 0 auto;">N</div>																							
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____			<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development Agency																							
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: right;">1 0 — 7 6 9</div> TITLE: Rural Business Enterprise Grant (RBEG)			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Proteus is proposing a Culinary program which will provide educational opportunities to individuals that will enable them to obtain the knowledge, skills, and attitudes necessary to succeed in the culinary field.																							
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Tulare County - Dinuba, California																										
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>																								
Start Date 7/1/04	Ending Date 6/30/05	a. Applicant 21st		b. Project Rural Business																						
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">98,503.00</td> </tr> <tr> <td>b. Applicant</td> <td></td> <td style="text-align: right;">49,600.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">148,103.00</td> </tr> </table>		a. Federal	\$	98,503.00	b. Applicant		49,600.00	c. State	\$	.00	d. Local	\$	.00	e. Other		.00	f. Program Income	\$	.00	g. TOTAL	\$	148,103.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>03/10/04</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$	98,503.00																								
b. Applicant		49,600.00																								
c. State	\$	.00																								
d. Local	\$	.00																								
e. Other		.00																								
f. Program Income	\$	.00																								
g. TOTAL	\$	148,103.00																								
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																								
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																										
a. Type Name of Authorized Representative Michael E. McCann		b. Title Chief Executive Officer		c. Telephone Number (559) 733-5423																						
d. Signature of Authorized Representative 				e. Date Signed 3-29-04																						

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 26, 2004	Applicant Identifier
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b> Legal Name: West Hills Community College District Address (give city, county, State, and zip code): 9900 Cody Avenue Coalinga, CA 93210		Organizational Unit: Economic Development Name and telephone number of person to be contacted on matters involving this application (give area code): Cathy Barabe (559) 934-2147																											
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             77 — 0323447           </div>	<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <span style="border: 1px solid black; padding: 0 5px;">I</span> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">             A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District           </div> <div style="width: 48%;">             H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____           </div> </div>																												
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 0 5px;"> </span> <span style="border: 1px solid black; padding: 0 5px;"> </span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other(specify):</div> <div style="width: 30%;"></div> </div>	<b>9. NAME OF FEDERAL AGENCY:</b> RURAL DEVELOPMENT / USDA																												
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             10 — 769           </div> TITLE: <b>Rural Business Enterprise Dev. (RBEG)</b>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Pre-Application: See Attached Summary Sheet																												
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Huron / Fresno County																													
<b>13. PROPOSED PROJECT</b> Start Date: 7/1/04    Ending Date: 6/30/05	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: California 20th District b. Project: Technical Assistance to Small Business/Job Training																												
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%; text-align: right;">99,500<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td style="text-align: right;">50,000<sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">00<sup>00</sup></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">00<sup>00</sup></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">00<sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">00<sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td style="text-align: right;">149,500<sup>00</sup></td> </tr> </table>	a. Federal	\$		99,500 <sup>00</sup>	b. Applicant	\$		50,000 <sup>00</sup>	c. State	\$		00 <sup>00</sup>	d. Local	\$		00 <sup>00</sup>	e. Other	\$		00 <sup>00</sup>	f. Program Income	\$		00 <sup>00</sup>	g. TOTAL	\$		149,500 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$		99,500 <sup>00</sup>																										
b. Applicant	\$		50,000 <sup>00</sup>																										
c. State	\$		00 <sup>00</sup>																										
d. Local	\$		00 <sup>00</sup>																										
e. Other	\$		00 <sup>00</sup>																										
f. Program Income	\$		00 <sup>00</sup>																										
g. TOTAL	\$		149,500 <sup>00</sup>																										
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																													
a. Type Name of Authorized Representative: Frank Gornick	b. Title: Chancellor	c. Telephone Number: (559) 934-2102	e. Date Signed: 3/26/2004																										
d. Signature of Authorized Representative:		f. Signature of Authorized Representative:																											

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0660-0003

## APPLICATION PART I

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550Check here if  
Revised Form ☐For PTFP  
Use

## 1. APPLICANT

2. Employer  
ID # (EIN) 77-0162617

3. DUNS # 61-193-0918

Legal Name Valley Public Television, Inc.

Organizational  
Unit KVPTMailing Address  
(line 1) 1544 Van Ness AvenueAddress (line 2  
if required)

City Fresno State CA County Fresno Zip 93721-1213

Main  
Station  
Call  
LettersRadio MHz TV Channel  
KVPT TV 18

## 4. Administrative Contact

E-mail pbrotherton@kvpt.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. Phyllis

Brotherton

Sr. Vice President &amp; CFO

Phone # (559) 266-1800 ext. 42

Fax # (559) 650-1880

## 5. Engineering Contact

Full Name Mr. Rodger Jaye Hixon

Engineer Phone (559) 266-1800

Title Chief Engineer

E-mail rhixon@kvpt.org

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations N  
are required8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or C (R)adio or (T)V T (B)roadcast or (N)onbroadcast B  
(C)onstruction or (RT) for both or (BN) for both 10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate column NEW BROADCAST facility: repeater,  
translator REPLACE or  
augment BROADCAST EQUIPMENT DIGITAL  
conversion of public radio  
or TV station NONBROADCAST  
activation or expansion

Population Currently Served by station			2,500,000	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

Broadcast Other

12. Single  
Congressional  
District of  
Applicant

19

13. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)

18,19,20,21

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 146,804

b. Applicant Share \$ 220,206

c. TOTAL \$ 367,010

d. Fed. % of eligible costs 40.00 %

## 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
03/26/2004

☐ NO Program is not covered by EO 12372  
or Program has not been selected by  
State for review

16. Is applicant delinquent on  
any Federal Debt?

NO

Enter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.  
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP  
Rules if the assistance is awarded.

Phone # (559) 266-1800

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. Paula

A

Castadio

President &amp; CEO

Signature of authorized  
representativeDate  
signed

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0660-0003

**18. Summary of application (Summarize the purposes of the application in a few sentences.)**

Valley Public Television, Inc. (KVPT) seeks funding assistance to purchase digital master control equipment, including a digital master control switcher to replace an obsolete analog switcher.

**19. Types of Applicant (Enter appropriate letter in box)**

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

**20. Station Operations**

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	26	40	26	40
Part-Time Staff	10	20	10	10
Volunteers	1	4	1	4
Operating Budget	\$ 2,848,353		\$ 3,000,000	

**21. Public Broadcasting Affiliations**

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

☐ Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year	Y					
Next year	Y					

**22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).**

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes ☐ No ☒ (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

**24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).**

City	Call Letters
City	Call Letters
City	Call Letters

**25. Areas affected by this Project (Cities, Counties, States, Etc.)**

Counties: Fresno, Madera, Tulare, Kings, Mariposa and Kern  
Major Cities: Fresno, Merced, Visalia and Bakersfield  
State: California

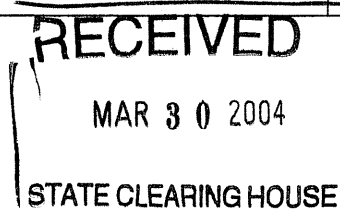
**REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)**

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Valley Economic Development Center, Inc			Organizational Unit:		
Address (give city, county, State, and zip code): 5121 Van Nuys Blvd., 3rd Floor Van Nuys, CA 91403			Name and telephone number of person to be contacted on matters involving this application (give area code) Roberto Barragan (818) 907-9977		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3139419			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Nonprofit Corp.		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			9. NAME OF FEDERAL AGENCY: Economic Development Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: EDA Public Works Grant 11-300			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pacoima Revitalization Center		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Fernando Valley - City of Los Angeles, CA					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 5/04	Ending Date 11/04	a. Applicant CA 27th Dist		b. Project CA 28th Dist	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 830,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE			
b. Applicant	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 830,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Roberto Barragan		b. Title President		c. Telephone Number (818) 907-9977	
d. Signature of Authorized Representative				e. Date Signed	

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Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0660-0003

## APPLICATION PART I

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

Check here if  
Revised FormFor PTFP  
Use

## 1. APPLICANT

Legal Name KVIE, Inc.Organizational  
Unit NoneMailing Address  
(line 1) 2595 Capitol Oaks DriveAddress (line 2  
if required)City SacramentoState CACounty SacramentoZip 95833-29262. Employer  
ID # (EIN)94-14214633. DUNS # 00-985-4852Main  
Station  
Call  
LettersKVIE TV 6  
Radio MHz TV Channel

## 4. Administrative Contact

E-mail wmwall@kvie.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. MichaelWallVice President of TechnologyPhone # (916) 641-3570Fax # (916) 641-3698

## 5. Engineering Contact

Full Name Mr. Michael WallEngineer Phone (916) 641-3570Title Vice President of TechnologyE-mail wmwall@kvie.org

RECEIVED

MAR 30 2004

STATE CLEARINGHOUSE

## PROJECT INFORMATION

6a. Enter "Y" if  
Reactivation N6b. Old  
File #7. Enter "Y" if new  
FCC authorizations  
are required N8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (T)V  
or (RT) for both T(B)roadcast or (N)onbroadcast  
or (BN) for both B10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate columnNEW BROADCAST  
facility; repeater,  
translator.REPLACE or  
augment BROADCAST  
EQUIPMENTDIGITAL  
conversion of public radio  
or TV stationNONBROADCAST  
activation or expansion

Broadcast Other

Population Currently Served by station			4,443,794	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

12. Single  
Congressional  
District of  
Applicant513. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)1-19

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 285,720

b. Applicant Share \$ 428,580

c. TOTAL \$ 714,300

d. Fed. % of eligible costs 40.00 %

## 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
03/26/2004☐ NO ☐ Program is not covered by EO 12372  
☐ or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NO  
Enter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

To the best of my knowledge and belief, all data in this application are true and correct.  
Phone # (916) 641-3560

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. DavidHHosleyPresident/General ManagerSignature of authorized  
representativeDate  
signed3.26.04

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0560-0003

18. Summary of application (Summarize the purposes of the application in a few sentences.)

Application is for digital master control equipment and installation for KVIE-DT high-definition and standard-definition multicast capability.

19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher learning  
J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	63	2520	63	2520
Part-Time Staff	22	367	22	367
Volunteers	3651	435	3651	435
Operating Budget	\$ 12,256,433		\$ 12,500,000	

21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

☐ Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year	Y				Y	Y
Next year	Y				Y	Y

22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes ☒ No ☐  
(circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project?  
Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
City	Call Letters
City	Call Letters

25. Areas affected by this Project (Cities, Counties, States, Etc.)

Counties in California include: Alameda, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Lake, Lassen, Mariposa, Merced, Mono, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, Sierra, Solano, Stanislaus, Sutter, Tuolumne, Yolo, and Yuba.

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

SEE ATTACHED

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application      Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  	Applicant Location  
<b>3. DATE RECEIVED BY STATE</b>  		State Application Identifier  	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  		Federal Identifier  	

RECEIVED  
MAR 29 2004  
STATE CLEARING HOUSE

<b>5. APPLICANT INFORMATION</b> Legal Name: <u>City of Tehachapi</u> Address (give city, county, state, and zip code): 115 South Robinson Street Tehachapi, CA 93561		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): David A. James (661) 822-2200 ext. 107
--	--	---

<b>6. EMPLOYER IDENTIFICATION (EIN):</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="float: right; border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">C</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div style="width: 48%;">             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div style="width: 48%;">             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) _____           </div> </div>
---	---

<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input checked="" type="checkbox"/> New      <input type="checkbox"/> Continuation      <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 10px;"> <div style="width: 30%;">A. Increase Award D. Decrease Duration</div> <div style="width: 30%;">B. Decrease Award Other (specify):</div> <div style="width: 30%;">C. Increase Duration</div> </div>	<b>9. NAME OF FEDERAL AGENCY:</b>  
---	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> TITLE: 	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  
---	--

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)</b> City of Tehachapi		<b>13. PROPOSED PROJECT</b> Start Date      Ending Date
--	--	--

<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant	b. Project
--	------------

<b>15. ESTIMATED FUNDING</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:70%; text-align: right;">60,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">60,000.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td><b>g. Total</b></td> <td><b>\$</b></td> <td style="text-align: right;"><b>120,000.00</b></td> </tr> </table>	a. Federal	\$	60,000.00	b. Applicant	\$	60,000.00	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		<b>g. Total</b>	<b>\$</b>	<b>120,000.00</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____ b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	60,000.00																				
b. Applicant	\$	60,000.00																				
c. State	\$																					
d. Local	\$																					
e. Other	\$																					
f. Program Income	\$																					
<b>g. Total</b>	<b>\$</b>	<b>120,000.00</b>																				

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>
---	--

<b>a. Type Name of Authorized Representative</b> David A. James	<b>b. Title</b> Community Development Dire	<b>c. Telephone Number</b> (661) 822-2200
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 3/23/04

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 24, 2004		Applicant Identifier			
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

**5. APPLICANT INFORMATION**  

Legal Name: Russian River County Water District Address (give city, county, State, and zip code): P.O. Box 954 Forestville, CA 95436	Organizational Unit:  Name and telephone number of person to be contacted on matters involving this application (give area code): Mr. John Locev or Mr. Hal Wood (707) 576-1322 (707) 887-7735
--	--

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  

6

8

-

0

3

2

8

1

3

2

**7. TYPE OF APPLICANT: (enter appropriate letter in box)**  

A. State  
 B. County  
 C. Municipal  
 D. Township  
 E. Interstate  
 F. Intermunicipal  
 G. Special District

H. Independent School Dist.  
 I. State Controlled Institution of Higher Learning  
 J. Private University  
 K. Indian Tribe  
 L. Individual  
 M. Profit Organization  
 N. Other (Specify) \_\_\_\_\_

☒ G

**8. TYPE OF APPLICATION:**  

☒ New
 ☐ Continuation
 ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award  
 D. Decrease Award

B. Decrease Award  
 Other(specify): \_\_\_\_\_

C. Increase Duration

**9. NAME OF FEDERAL AGENCY:**  
 USDA Rural Development

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  

1

0

-

7

6

0

TITLE: Water and Waste Disposal Loan and Grant Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 Sonoma County, California

<b>13. PROPOSED PROJECT</b> <table style="width:100%;"> <tr> <td style="width:50%;">Start Date</td> <td style="width:50%;">Ending Date</td> </tr> <tr> <td>9/1/04</td> <td>10/31/05</td> </tr> </table>	Start Date	Ending Date	9/1/04	10/31/05	<b>14. CONGRESSIONAL DISTRICTS OF:</b> <table style="width:100%;"> <tr> <td style="width:50%;">a. Applicant</td> <td style="width:50%;">b. Project</td> </tr> <tr> <td>First</td> <td>First</td> </tr> </table>	a. Applicant	b. Project	First	First
Start Date	Ending Date								
9/1/04	10/31/05								
a. Applicant	b. Project								
First	First								

**15. ESTIMATED FUNDING:**

a. Federal	\$	1,550,000	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	1,550,000	.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
 DATE 03/24/04

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  

☐ Yes If "Yes," attach an explanation.
 ☒ No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Type Name of Authorized Representative Mr. Edward Monroe	b. Title President	c. Telephone Number (707) 887-7735
d. Signature of Authorized Representative 	e. Date Signed 3-23-04	

APPLICATION  
FOR PTFP FUNDSOMB Approval  
0860-0003

## APPLICATION PART I

## Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

Check here if  
Revised FormFor PTFP  
Use

## 1. APPLICANT

Legal Name San Diego State University FoundationOrganizational  
Unit KPBSMailing Address  
(line 1) 5250 Campanile DriveAddress (line 2  
if required)City San DiegoState CA2. Employer  
ID # (EIN) 95-60427213. DUNS # 07-337-1346Main  
Station  
Call  
LettersKPBS FM 89.5

Radio MHz

TV

Channel

County San DiegoZip 92182-

## 4. Administrative Contact

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. MarniLevy WiltonGrant SpecialistPhone # (619) 594-2870Fax # (619) 594-4950

## 5. Engineering Contact

Full Name Mr. Leon MesseniaEngineer  
Phone (619) 594-8146Title Director of Engineering & ITE-mail lmessenia@kpbs.org

## PROJECT INFORMATION

5a. Enter "Y" if  
Reactivation N5b. Old  
File #7. Enter "Y" if new  
FCC authorizations Y  
are required8. Enter the  
Priority or  
Category  
under which  
you request  
the application  
be reviewed

## 9. Enter letter(s) to classify project

(P)lanning or  
(C)onstruction C(R)adio or (T)V  
or (RT) for both R(B)roadcast or (N)onbroadcast B  
or (BN) for both10. Length of  
Project (# of  
months) 12

## 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the  
appropriate column☒ NEW BROADCAST  
facility; repeater,  
translator.☐ REPLACE or  
augment BROADCAST  
EQUIPMENT☐ DIGITAL  
conversion of public radio  
or TV station☐ NONBROADCAST  
activation or expansion18

Population Currently Served by station	NEW BROADCAST facility; repeater, translator.	REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST activation or expansion
First Service added by NEW proposed facility	<u>167,518</u>			
ADDED SERVICE to those covered by others	<u>0</u>			

12. Single  
Congressional  
District of  
Applicant5313. Other Cong. districts served by  
project (e.g. PA 1-3, NY 4, 5-9)49,50,51,52

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 120,189

b. Applicant Share \$ 120,189

c. TOTAL \$ 240,378

d. Fed. % of eligible costs 50.00 %

## 15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the  
State EO 12372 process for review on  
03/30/2004☐ NO ☐ Program is not covered by EO 12372  
☐ or Program has not been selected by  
State for review16. Is applicant delinquent on  
any Federal Debt?NOEnter YES or NO  
If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

To the best of my knowledge and belief, all data in this application are true and correct.

Phone # (619) 594-6622

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. CamilleNebekerInterim Assistant VP for ResearchSignature of authorized  
representativeDate  
signed3/25/04

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kpbsfm04

1

This form expires 10/31/2006 Previous Editions NOT usable

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

OMB Approval  
0880-0003

18. Summary of application (Summarize the purposes of the application in a few sentences.)

San Diego State University, licensee of KPBS-FM, 89.5 MHz, KPBS(TV), Channel 15, and KPBS-DT, Channel 30, San Diego, California seek federal funding assistance to replace the KPBS-FM aging transmission chain. The project will allow KPBS-FM to increase its audience to include over 167,500 people currently unserved by any public radio station. Moreover, the signal upgrade resulting from a requested power increase to 4.4Kw will significantly improve the signal received by several hundred thousand more San Diegans. Priority 1B funding consideration is being requested.

19. Types of Applicant (Enter appropriate letter in box)

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Independent School District  
I. State Controlled Institute of Higher Learning
- J. Private University  
K. Indian Tribe  
L. Individual (NOTE: Not eligible for PTFP funding)  
M. Non-profit  
O. Other (specify)

M

20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	24	40	24	40
Part-Time Staff	30	15	30	15
Volunteers	130	2	130	2
Operating Budget	\$ 4,403,772		\$ 4,403,772	

21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

☐ Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year	Y	Y		Y	Y	Y
Next year	Y	Y		Y	Y	Y

22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased
KPBS-FM - San Diego, CA	208B	BMPED-20010321ABF	Mt. San Miguel - San Diego, CA		X

23. Yes ☒ No ☐  
(circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project?  
Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
San Diego, CA	KSDS
City	Call Letters
City	Call Letters

25. Areas affected by this Project (Cities, Counties, States, Etc.)

San Diego County

REMARKS (continuation of any items from page 1 or this page— continue on plain paper attached to this page if necessary)

SEE ATTACHED

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 26, 2004		Applicant Identifier																						
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier																						
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier																						
<b>5. APPLICANT INFORMATION</b>																										
Legal Name: Self-Help Enterprises			<b>Organizational Unit:</b> Department:																							
Organizational DUNS: 056179906			Division:																							
<b>Address:</b> Street: P. O. Box 6520 City: Visalia County: Tulare County State: CA Country: United States			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Mario Middle Name: Last Name: Orosco Suffix:																							
Zip Code: 93290			Email: marioo@selfhelpenterprises.org																							
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-1592676			Phone Number (give area code) (559) 651-1000 ext.696		Fax Number (give area code) (559) 651-3634																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)																							
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Housing Preservation Grant 10-433			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> The Preservation of housing for very low income households by providing grants to repair homes and bring them up to RHS Thermal Standards.																							
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Unincorporated communities in Kings and Merced Counties.			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 21    b. Project 18, 20																							
<b>13. PROPOSED PROJECT</b> Start Date: October 1, 2004    Ending Date: November 30, 2005			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 26, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																							
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>100,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>400,000</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>500,000</td> </tr> </table>			a. Federal	\$	100,000	b. Applicant	\$		c. State	\$	400,000	d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	500,000	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$	100,000																								
b. Applicant	\$																									
c. State	\$	400,000																								
d. Local	\$																									
e. Other	\$																									
f. Program Income	\$																									
g. TOTAL	\$	500,000																								
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																										
<b>a. Authorized Representative</b> Prefix: First Name: Peter Last Name: Carey			Middle Name: Suffix:																							
b. Title: Chief Executive Officer			c. Telephone Number (give area code) (559) 651-1000																							
d. Signature of Authorized Representative			e. Date Signed: 2.27.04																							

OMB Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application      Preapplication ____ Construction      ____ Construction <input checked="" type="checkbox"/> Nonconstruction      ____ Nonconstruction		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal	Federal Identifier 98910004
8. Type of Application: ____ New <input checked="" type="checkbox"/> Revision    ____ Continuation If Revision, enter appropriate letter(s): <u>A</u> A. Increase Award      B. Decrease Award C. Increase Duration    D. Decrease Duration Other (specify) _____		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): James Maughan (916) 341-5522	
10. Catalog of Federal Domestic Assistance Number 66.419 Title: Water Pollution Control State and Interstate Program Support (106 Grants)		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State      H. Independent School District B. County      I. State Institute of Higher Learning C. Municipal      J. Private University D. Township      K. Indian Tribe E. Interstate      L. Individual F. Intermunicipal      M. Profit Organization G. Special District      N. Other (specify)	
12. Area Affected by Project: (cities, counties, states, etc.) California		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date      End Date 7/1/03      6/30/08		11. Descriptive Title of Applicant's Project:  To establish and maintain adequate measures for prevention and control of surface and ground water pollution in California.	
15. ESTIMATED FUNDING:		14. Congressional District of: Applicant:      Project: 3      California - All	
a. Federal      \$5,386,548 b. Applicant      \$0 c. State      \$6,569,211 d. Local      \$0 e. Other "In-Kind"      \$4,686,052 f. Program Income      \$0 g. TOTAL      \$16,641,811		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on:      Date: March 29, 2004 b. NO:      Program is not covered by EO # 12372 Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantu	b. Title: Executive Director	c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 16, 2004	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Williams Day Care Carrie Williams		Organizational Unit: Department: N/A	
Organizational DUNS: N/A		Division: N/A	
Address: Street: 1050 W. Griffith wy #210		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: None First Name: Carrie	
City: Fresno		Middle Name: Chimere	
County: Fresno		Last Name: Williams	
State: Ca		Suffix: None	
Country: USA		Email: None	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 06-1688644		Phone Number (give area code) (559) 221-8877	Fax Number (give area code) (559) 221-8877
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) c		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Individual Inhome Licensed Child Care Other (specify) Community Licensed Child Care Inhome Facility	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-766		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Agriculture, Rural Development community Facilities	
TITLE (Name of Program): Rural Housing Service Community Facilities Grant Program		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Project to expand and improve Small Family Day Care Home	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Fresno City, County, and Surrounding areas		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant N/A b. Project N/A	
<b>13. PROPOSED PROJECT</b> Start Date: March 17, 2004 Ending Date: March 18, 2005		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>15. ESTIMATED FUNDING:</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 200,000.00		
b. Applicant	\$ .00		
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 200,000.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix None	First Name Carrie	Middle Name Chimere	
Last Name Williams	Suffix None		
b. Title Owner	c. Telephone Number (give area code) (559) 221-8877		
d. Signature of Authorized Representative	e. Date Signed 3/20/04		

Previous Edition Usable  
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Prescribed by OMB Circular A-102

## Standard Form 424

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Y257
5. APPLICANT INFORMATION			
Legal Name: Antelope Valley Transit Authority		Organizational Unit:	
Address (give city, county, State, and zip code): 1031 West Ave. L-12 Lancaster, CA 93534		Name and telephone number of person to be contacted on matters involving this application (give area code): Ron Cunningham 661-726-2616 Ext. 209	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4377119		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input checked="" type="checkbox"/> B A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Federal Transit--Formula 20-507 Grants (Urban Area Formula Program)		9. NAME OF FEDERAL AGENCY: U.S. Department of Transportation Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Antelope Valley portion of northern Los Angeles County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Capital assistance for the purchase of admin & maintenance equipment, construction of transit facility, preventive maintenance, and operating assistance.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 4-1-03	Ending Date 12-31-04	a. Applicant 25	b. Project 25
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,733,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 3-25-04	
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 949,500.00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 3,682,500.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ronald D. Cunningham		b. Title Finance Manager	c. Telephone Number 661-726-2616 Ext 209
d. Signature of Authorized Representative <i>Ronald D. Cunningham</i>		e. Date Signed 3-25-04	

**DOT****FTA**

U.S. Department of Transportation

Federal Transit Administration

## Application for Federal Assistance

Recipient ID:	1640
Recipient Name:	CITY OF GARDENA
Project ID:	CA-90-Y283-00
Budget Number:	1 - Budget Pending Approval
Project Information:	CAPITAL ASSISTANCE

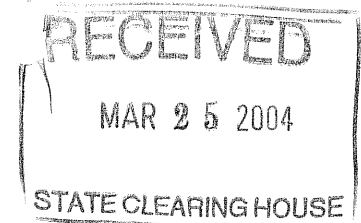
### Part 1: Recipient Information

Project Number:	CA-90-Y283-00
Recipient ID:	1640
Recipient Name:	CITY OF GARDENA
Address:	1700 WEST 162ND ST. , GARDENA, CA 90247 0000
Telephone:	(310) 217-9523
Facsimile:	(310) 538-1989

### Union Information

Recipient ID:	1640
Union Name:	GARDENA MUNICIPAL EMPLOYEE ASSOCIATION
Address 1:	100 Oceangate, Suite 1200
Address 2:	
City:	Long Beach, CA 90802 0000
Contact Name:	Fred Quiel
Telephone:	(562) 628-5551
Facsimile:	(760) 631-7780

Recipient ID:	1640
Union Name:	AFSCME, LOCAL 1117
Address 1:	1618 Gramercy Avenue
Address 2:	
City:	Torrance, CA 90501
Contact Name:	George Jones
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541



Recipient ID:	1640
Union Name:	AMALGAMATED TRANSIT UNION (ATU)
Address 1:	5025 Wisconsin Avenue, N.W.
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	JAMES LA SALSA
Telephone:	(202) 624-6800
Facsimile:	(202) 244-7824

Recipient ID:	1640
Union Name:	ATU LOCAL #1277
Address 1:	3200 Wilshire Blvd., Suite #11
Address 2:	
City:	Los Angeles, CA 90010 1315
Contact Name:	Neil Silver
Telephone:	(213) 383-1277
Facsimile:	(213) 487-7350

Recipient ID:	1640
Union Name:	INTERNATION BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue, NW
Address 2:	
City:	Washington, DC 20002
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8110

Recipient ID:	1640
Union Name:	TEAMSTERS
Address 1:	3202 East Willow Street
Address 2:	
City:	Long Beach, CA 90806
Contact Name:	Chester Mordasini
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298

Recipient ID:	1640
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	15999 Cypress Avenue
Address 2:	
City:	Irwindale, CA 91706
Contact Name:	James Williams

Telephone:	(213) 624-5567
Facsimile:	(213) 962-8079

Recipient ID:	1640
Union Name:	GMEO-GARDENA MGMT. EMPLOYEE ORGANIZATION
Address 1:	Howard Hugh Center Drive
Address 2:	6701 Center Drive West
City:	Los Angeles, CA 90045
Contact Name:	Vicky Barker
Telephone:	(310) 337-1222
Facsimile:	(310) 337-9494

Recipient ID:	1640
Union Name:	AFSCME-AMERICAN FEDERATION STATE, COUNTY & MUNICIPAL EMPLOYEE
Address 1:	234 Loma Drive
Address 2:	
City:	Los Angeles, CA 90026
Contact Name:	Cheryl Parisi
Telephone:	(213) 484-8300
Facsimile:	(213) 484-9629

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 Lynrose Drive
Address 2:	
City:	Anaheim, CA 92804
Contact Name:	Raymond Huffer
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571

Recipient ID:	1640
Union Name:	TRANSPORTATION COMMUNICATION INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850
Contact Name:	Chris Tully
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

Recipient ID:	1640
Union Name:	UTU - UNITED TRANSPORTATION UNION
Address 1:	Bus Department
Address 2:	14600 Detroit Avenue

City:	Cleveland, OH 44107
Contact Name:	Bernie McNeils
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755

## Part 2: Project Information

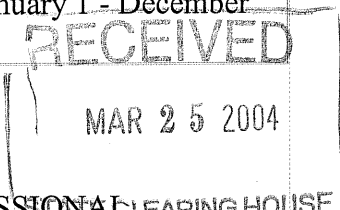
Project Type:	Grant	Gross Project Cost:	\$1,252,500
Project Number:	CA-90-Y283-00	Adjustment Amt:	\$0
Project Description:	CAPITAL ASSISTANCE	Total Eligible Cost:	\$1,252,500
Recipient Type:	City	Total FTA Amt:	\$1,002,000
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	A. Wayne Bush (310) 217-9523	Total Local Amt:	\$250,500
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	06	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2004 - Dec. 31, 2005	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	No
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Aug. 28, 2003		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

## Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

## Congressional Districts

State ID	District Code	District Official

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION	3. DATE RECEIVED BY STATE	State Application Identifier	
Application Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>			
Legal Name		Organizational Unit	
Shasta County Chemical People Inc.		Corporation	
Address		Name and telephone number of the person to be contacted on matters involving this application	
P. O. Box 493777 Redding, California 96049-3777		Cunningham, Betty (530) 241-5958	
6. EMPLOYER IDENTIFICATION NUMBER (EIN)		7. TYPE OF APPLICANT	
68-0027888		Non-profit	
8. TYPE OF APPLICATION		9. NAME OF FEDERAL AGENCY	
New		Office of Juvenile Justice and Delinquency Prevention	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE  NUMBER: 16.729 CFDA TITLE: Drug-Free Communities Support Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT  Drug Free Communities Support Program Federal Agency -- OJJDP Fiscal Year January 1 - December 31	
12. AREAS AFFECTED BY PROJECT			
Shasta County			
13. PROPOSED PROJECT		14. CONGRESSIONAL HEARING HOUSE DISTRICTS OF	
Start Date: October 01, 2004		a. Applicant	
End Date: September 30, 2005		b. Project CA02	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Federal	\$100,000	This preapplication/application was made available to the state executive	
Applicant	\$6,250		
State	\$8,750		
Local	\$100,000		

Other	\$0	order 12372 process for review on 03/03/2004
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	\$215,000	N

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Close Window

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
County of Imperial		Department: Imperial County Community and Economic Development	
Organizational DUNS: 073-354-573		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 940 Main Street		Prefix: Mr.	First Name: Ken
City: El Centro		Middle Name	
County: Imperial		Last Name Hollis	
State: CA	Zip Code 92243	Suffix:	
Country: USA		Email: kenhollis@imperialcounty.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
9 5 - 6 0 0 0 9 2 4		760.337.7814	760.337.8907
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		B County	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
TITLE (Name of Program): Rural Business Opportunity Grant		Rural Entrepreneur Training and Assistance Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		"RETA Project"	
Imperial County w/ emphasis on Enterprise Community designated census tracts		RECEIVED MAR 25 2004	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 7/2004	Ending Date: /2005	a. Applicant	
15. ESTIMATED FUNDING:		b. Project	
a. Federal	\$ 95,000.00	STATE CLEARING HOUSE	
b. Applicant	\$ .00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
c. State	\$ 100,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
d. Local	\$ .00	DATE:	
e. Other	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
f. Program Income	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL	\$ 195,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative			
Prefix	First Name Roberta	Middle Name	
Last Name Burns	Suffix		
b. Title County Executive Officer	c. Telephone Number (give area code) 760.482.4290		
d. Signature of Authorized Representative	e. Date Signed 3/19/2004		

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 3, 2004	<b>Applicant Identifier</b>	
<b>Pre-application</b> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>	

<b>5. APPLICANT INFORMATION</b>	
<b>Legal Name:</b> Edmondson Acres Mutual Water Company	<b>Organizational Unit:</b> Department: Mutual Water Company
<b>Organizational DUNS:</b> 144002099	<b>Division:</b>
<b>Address:</b> Street: 25465 Barbara St.	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Charles
<b>City:</b> Arvin	<b>Middle Name:</b> Warner
<b>County:</b> Kern	<b>Last Name:</b> Brooks
<b>State:</b> California	<b>Suffix:</b>
<b>Zip Code:</b> 93203	<b>Email:</b> wabrooks@kern.org
<b>Country:</b> U.S.A.	

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-2320320	<b>Phone Number (give area code)</b> 661-854-5371	<b>Fax Number (give area code)</b> n/a
---	--	---

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) N Other (specify)
---	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 10-760	<b>9. NAME OF FEDERAL AGENCY:</b> USDA/Rural Development
---	---

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Edmondson Acres, Calif., Kern County	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Edmondson Acres Mutual Water Company improvements: Replace well, deteriorated storage tank, and water lines (57 years old) with a new well, storage tank, new looped water lines, and related facilities.
--	--

<b>13. PROPOSED PROJECT</b> Start Date: 7/1/04 Ending Date: 6/31/05	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant Dist. 22 - Bill Thomas b. Project Dist 22 - Bill Thomas
--	--

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 773,900.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$ .00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ .00	
e. Other \$ .00	
f. Program Income \$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
g. TOTAL \$ 773,900.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
<b>a. Authorized Representative</b>		
Prefix	First Name Fred	Middle Name E
Last Name Vietti		Suffix
b. Title President		c. Telephone Number (give area code) 661-854-2875
d. Signature of Authorized Representative Fred E Vietti		e. Date Signed 3-20-04

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 22, 2004		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

RECEIVED

MAR 24 2004

STATE CLEARING HOUSE

<b>5. APPLICANT INFORMATION</b> Legal Name: Calaveras County Economic Development Co.			<b>Organizational Unit:</b> Department:		
Organizational DUNS:			Division:		
Address: Street: PO Box 1082			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS. First Name: Karen		
City: Angels Camp			Middle Name: Ann		
County: Calaveras			Last Name: Wallace		
State: CA	Zip Code: 95222	Suffix:			
Country: USA			Email: info@calaverascdc.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2735910			Phone Number (give area code): 209-754-9791		Fax Number (give area code): 209-754-9792
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O - Not For Profit Other (specify) ORGANIZATION		
Other (specify)			<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> Rural Business Enterprise    □□-□□□ TITLE (Name of Program): Grant			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Economic "gardening" in Calaveras County, California Business Assistance Plus		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> ANGELS CAMP, San Andreas, Murphys, Mountain Ranch Calaveras County, CA					
<b>13. PROPOSED PROJECT</b> Start Date: Aug 2004    Ending Date: July 2005					
<b>15. ESTIMATED FUNDING:</b>					
a. Federal	\$	44,200			
b. Applicant	\$	44,200			
c. State	\$				
d. Local	\$				
e. Other	\$	10,000			
f. Program Income	\$				
g. TOTAL	\$	98,400			
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant One    b. Project One					
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/22/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b> Prefix: Mr.    First Name: Ron    Middle Name:					
Last Name: Aschwanden    Suffix:					
b. Title: President    c. Telephone Number (give area code): 209-725-1509					
d. Signature of Authorized Representative: [Signature]    e. Date Signed: 3/22/04					

APPLICATION PART I

# Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230  
CFDA 11.550

Check here if  
Revised Form

For PTFP  
Use

## 1. APPLICANT

Legal Name San Mateo County Community College District

Organizational Unit KCSM

Mailing Address (line 1) 1700 W. Hillsdale Blvd.

Address (line 2 if required)

City San Mateo

State CA

3. DUNS # 04-132-0797

Main Station Call Letters

KCSM DT 43  
Radio MHz TV Channel

## 4. Administrative Contact

E-mail marilyn\_lawrence@kcsml.net

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms. Marilyn

R

Lawrence

General Manager

Phone # (650) 524-6905

Fax # (650) 524-6975

## 5. Engineering Contact

Full Name Ms. Michele Muller

Engineer Phone (650) 524-6908

Title Director of Technology

E-mail michele\_muller@kcsml.net

## PROJECT INFORMATION

6a. Enter "Y" if Reactivation N

6b. Old File #

7. Enter "Y" if new FCC authorizations are required N

8. Enter the Priority or Category under which you request the application be reviewed

9. Enter letter(s) to classify project

(P)lanning or (C)onstruction C

(R)adio or (T)V or (RT) for both T

(B)roadcast or (N)onbroadcast or (BN) for both B

10. Length of Project (# of months) 6

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the appropriate column

NEW BROADCAST facility; repeater, translator.

REPLACE or augment BROADCAST EQUIPMENT

☒ DIGITAL conversion of public radio or TV station

NONBROADCAST activation or expansion

Broadcast Other

Population Currently Served by station			6,500,000	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

12. Single Congressional District of Applicant

12

13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9)

7;8;9;10;13;14;15;16

## 14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 366,535

b. Applicant Share \$ 784,451

c. TOTAL \$ 1,150,986

d. Fed. % of eligible costs 31.85 %

15. Is application subject to review by Executive Order 12372?

☐ YES This application was made available to the State EO 12372 process for review on

//

☒ NO ☒ Program is not covered by EO 12372

or Program has not been selected by State for review

16. Is applicant delinquent on any Federal Debt?

NO

Enter YES or NO If YES, attach explanation.

## 17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (650) 358-6790

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. James

W

Keller

Executive Vice Chancellor

Signature of authorized representative

Date signed

Authorized for Local Reproduction

bethcolbert

# APPLICATION FOR FEDERAL ASSISTANCE

## 2. DATE SUBMITTED

March 22, 2003

## Applicant Identifier

N/A

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 4. DATE RECEIVED BY FEDERAL AGENCY

MAR 22 2004

## Federal Identifier

## 1. TYPE OF SUBMISSION

- Application  
☐ Construction  
☐ Non-Construction

## Pre-Application

- ☒ Construction  
☐ Non-Construction

## 5. APPLICANT INFORMATION

## Legal Name:

City of Corning

## Organizational Unit:

Public Works Department

## Address (give city, county, state, and zip code):

794 Third Street  
 Corning, CA 96021

## Name and telephone number of the person to be contacted on matters involving application (give area code)

Mr. Tom Russ  
 (530) 824-7020

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 3 1 7

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

C

## 8. TYPE OF APPLICATION:

- ☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

- A. State  
 B. County  
 C. Municipal  
 D. Township  
 E. Interstate  
 F. Intermunicipal  
 G. Special District  
 H. Independent School Dist.  
 I. State Controlled Institution of Higher Learning  
 J. Private University  
 K. Indian Tribe  
 L. Individual  
 M. Profit Organization  
 N. Other (Specify)

## 9. NAME OF FEDERAL AGENCY:

USDA Rural Development, California  
 United States Department of Agriculture

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 8 0

TITLE: Water and Waste Disposal Loan and Grant Program

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

City of Corning  
 Wastewater Treatment Plant Expansion

## 12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.)

City of Corning  
 County of Tehama  
 State of California

## 13. PROPOSED PROJECT:

Start Date  
 March 2004

Ending Date  
 September 2005

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant  
 California 2<sup>nd</sup> Congressional District

b. Project  
 California 2<sup>nd</sup> Congressional District

## 15. ESTIMATED FUNDING:

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 3-22-04

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

## a. Typed Name of Authorized Representative

STEPHEN J. KIMBROUGH

## b. Title

CITY MANAGER

## c. Telephone Number

530 824 7033

## d. Signature of Authorized Representative

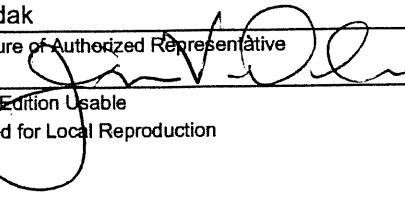


## e. Date Signed

22 MARCH 04

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 4, 2004		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 3-10-04 mce		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Tulare County Superintendent of School			Organizational Unit: Child Care Program		
Address (give city, county, State, and zip code): Po Box 5091, Visalia CA 93278-5091			Name and telephone number of person to be contacted on matters involving this application (give area code) Ray Chavez (559) 651-3022		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 - 2 1 9 1 9 0 5			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">B</div>		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____			<b>9. NAME OF FEDERAL AGENCY:</b> USDA		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 0 - 7 6 6 TITLE: Community Facilities Loans and Grants			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Rural Development Child Care A		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Cutler, Traver			<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>          MAR 22 2004          STATE CLEARING HOUSE       </div>		
<b>13. PROPOSED PROJECT</b>					
Start Date    Ending Date 7/1/04    6/30/05		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant    21-nunes b. Project    21-nunes			
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal		\$ 47,272 <sup>00</sup>			
b. Applicant		\$ 38,678 <sup>00</sup>			
c. State		\$ <sup>00</sup>			
d. Local		\$ <sup>00</sup>			
e. Other		\$ <sup>00</sup>			
f. Program Income		\$ <sup>00</sup>			
g. TOTAL		\$ 85,950 <sup>00</sup>			
			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Type Name of Authorized Representative Jim Vidak		b. Title County Superintendent of Schools		c. Telephone Number (559) 733-6301	
d. Signature of Authorized Representative 				e. Date Signed 3-4-04	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> March 4, 2004	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 18403110

<b>5. APPLICANT INFORMATION</b> Legal Name: Tulare County Superintendent of School		Organizational Unit: Child Care Program	
Address (give city, county, State, and zip code): Po Box 5091, Visalia CA 93278-5091		Name and telephone number of person to be contacted on matters involving this application (give area code) Ray Chavez (559) 651-3022	

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94 — 2191905		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">B</div>	
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> USDA	

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10 — 766 TITLE: Community Facilities Loans and Grants		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Rural Development Child Care B	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Earlimart, Farmersville, Lindsay			

<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 7/1/04	Ending Date 6/30/05	a. Applicant 21-nunes	b. Project 21-nunes

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 9952 14,306 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 8,143 11,705 <sup>00</sup>		
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 18,095 26,011 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative Jim Vidak		b. Title County Superintendent of Schools	
c. Telephone Number (559) 733-6301		e. Date Signed 3-4-04	
d. Signature of Authorized Representative			

**RECEIVED**  
 MAR 22 2004  
 STATE CLEARING HOUSE

RMC  
 3/18/04

COPY

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 4/22/04		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: CITY OF ORANGE COVE			Organizational Unit:		
Address (give city, county, State, and zip code): 633 SIXTH STREET ORANGE COVE, CA 93646			Name and telephone number of person to be contacted on matters involving this application (give area code) BILL LITTLE 559-626-5103		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6003065			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;">C</div>		
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____			<b>9. NAME OF FEDERAL AGENCY:</b> USDA		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: right;">10-769</div> TITLE:			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> ORANGE COVE SMALL BUSINESS ASSISTANCE		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> CITY OF ORANGE COVE, CALIFORNIA					
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>			
Start Date 7/1/04	Ending Date 6/30/04	a. Applicant DEVEN NUNES, CA. 21ST		b. Project DEVEN NUNES, CALIFORNIA 21ST	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal	\$ 77,000	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 3/19/04			
b. Applicant	\$ 80,000				
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 157,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Type Name of Authorized Representative BILL LITTLE		b. Title CITY ADMNISTRATOR		c. Telephone Number 559-626-5103	
d. Signature of Authorized Representative 				e. Date Signed 3/19/04	

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application      Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 2/1/04	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> Address (give city, county, state, and zip code): P.O. Box 475 Ukiah, CA 95482-0475      Mendocino County	<b>Organizational Unit:</b> Name and telephone number of person to be contacted on matters involving this application (give area code) <div style="text-align: center; font-size: 1.2em;">Mary Buckley (707) 462-8582</div>
---	---

<b>6. EMPLOYER IDENTIFICATION (EIN):</b> <div style="text-align: center; font-family: monospace; font-size: 1.2em;"> <span style="border: 1px solid black; padding: 2px 5px;">6</span> <span style="border: 1px solid black; padding: 2px 5px;">8</span> <span style="border: 1px solid black; padding: 2px 5px;">-</span> <span style="border: 1px solid black; padding: 2px 5px;">0</span> <span style="border: 1px solid black; padding: 2px 5px;">2</span> <span style="border: 1px solid black; padding: 2px 5px;">1</span> <span style="border: 1px solid black; padding: 2px 5px;">8</span> <span style="border: 1px solid black; padding: 2px 5px;">7</span> <span style="border: 1px solid black; padding: 2px 5px;">8</span> <span style="border: 1px solid black; padding: 2px 5px;">1</span> </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; font-size: 1.5em; border: 1px solid black; padding: 2px; float: right;">N</div> <div style="clear: both;"></div> <div style="font-size: 0.8em;"> <table style="width:100%;"> <tr> <td style="width:50%;">               A. State                B. County                C. Municipal                D. Township                E. Interstate                F. Intermunicipal                G. Special District             </td> <td style="width:50%;">               H. Independent School Dist.                I. State Controlled Institution of Higher Learning                J. Private University                K. Indian Tribe                L. Individual                M. Profit Organization                N. Other (Specify) <u>501(c)(3) nonprofit</u> </td> </tr> </table> </div>	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>501(c)(3) nonprofit</u>
A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>501(c)(3) nonprofit</u>		

<b>8. TYPE OF APPLICATION:</b> <div style="text-align: center;"> <input checked="" type="checkbox"/> New      <input type="checkbox"/> Continuation      <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> <div style="font-size: 0.8em; margin-top: 5px;">           A. Increase Award      B. Decrease Award      c. Increase Duration            D. Decrease Duration      Other (specify):         </div>	<b>9. NAME OF FEDERAL AGENCY:</b> <div style="text-align: center; font-size: 1.5em; border: 2px solid black; padding: 5px; margin: 10px auto; width: 80%;">             RECEIVED              MAR 18 2004           </div>
--	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: center; font-family: monospace; font-size: 1.2em;"> <span style="border: 1px solid black; padding: 2px 5px;">1</span> <span style="border: 1px solid black; padding: 2px 5px;">0</span> <span style="border: 1px solid black; padding: 2px 5px;">-</span> <span style="border: 1px solid black; padding: 2px 5px;">7</span> <span style="border: 1px solid black; padding: 2px 5px;">6</span> <span style="border: 1px solid black; padding: 2px 5px;">6</span> </div> TITLE:	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <div style="text-align: center; font-size: 1.2em;">         STATE CLEARING HOUSE          Community Dining Room Facility          Kitchen Equipment Purchase       </div>
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)</b> <div style="text-align: center; font-size: 1.2em;">Ukiah area, Inland Mendocino County, CA</div>	
---	--

<b>13. PROPOSED PROJECT</b> Start Date      Ending Date 7/1/03      6/30/05	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant <div style="text-align: center; font-size: 1.2em;">1st District - Mike Thompson</div>
---	---

<b>15. ESTIMATED FUNDING</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:70%; text-align: right;">75,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">620,500.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">35,000.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">1,069,500.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td><b>g. Total</b></td> <td>\$</td> <td style="text-align: right;">1,800,000.00</td> </tr> </table>	a. Federal	\$	75,000.00	b. Applicant	\$	620,500.00	c. State	\$	35,000.00	d. Local	\$		e. Other	\$	1,069,500.00	f. Program Income	\$		<b>g. Total</b>	\$	1,800,000.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="text-align: right; margin-top: 10px;">DATE <u>3/10/04</u></div> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	75,000.00																				
b. Applicant	\$	620,500.00																				
c. State	\$	35,000.00																				
d. Local	\$																					
e. Other	\$	1,069,500.00																				
f. Program Income	\$																					
<b>g. Total</b>	\$	1,800,000.00																				

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
---	--

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

<b>a. Type Name of Authorized Representative</b> Mary Buckley	<b>b. Title</b> Executive Director	<b>c. Telephone Number</b> (707) 462-8582
<b>d. Signature of Authorized Representative</b> <div style="font-family: cursive; font-size: 1.2em;">Mary Buckley</div>		<b>e. Date Signed</b> 3/15/04

Previous Edition Usable  
AUTHORIZED FOR LOCAL REPRODUCTION

STANDARD FORM 424 (REV. 4-92)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED March 22, 2004		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input checked="" type="checkbox"/> Non-Construction		<input checked="" type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name:		Organizational Unit:			
City of Firebaugh		Department:		City of Firebaugh	
Organizational DUNS: 143922875		Division:		Administration	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)			
Street: 1575 Eleventh Street		Prefix: Mr.		First Name: Jose	
City: Firebaugh, CA 93622		Middle Name: Antonio			
County: Fresno		Last Name: Ramirez			
State: California		Suffix: City Manager			
Zip Code: 93622		Email: jar_31@hotmail.com			
Country: America		Phone Number (give area code): (559) 659-2043		Fax Number (give area code): (559) 659-3412	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000333		7. TYPE OF APPLICANT: (See back of form for Application Types)			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Municipal			
Other (specify) <input type="checkbox"/>		Other (specify) <input type="checkbox"/>			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: N/A			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Firebaugh		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Small Business Technical Assistance & Development			
13. PROPOSED PROJECT Start Date: June 1, 2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th District			
Ending Date: May 31, 2005		b. Project 20th District			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 73,535.00		a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant \$ 15,000.00		DATE:			
c. State \$ 12,700.00		b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local \$ 34,431.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL \$ 135,666.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mr.		First Name: Jose		Middle Name: Antonio	
Last Name: Ramirez		Suffix:		c. Telephone Number (give area code): (559) 659-2043	
b. Title: City Manager		d. Signature of Authorized Representative		e. Date Signed	

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Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		<b>2. DATE SUBMITTED</b> March 12, 2004	<b>Applicant Identifier</b> 240W0202
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>
<b>5. APPLICANT INFORMATION</b>			
<b>Legal Name:</b> City of Firebaugh		<b>Organizational Unit:</b> Water Public Works	
<b>Address (give city, county, State, and zip code):</b> 1575 Eleventh Street, Firebaugh, CA 93622		<b>Name and telephone number of person to be contacted on matters involving this application (give area code):</b> Jose Antonio Ramirez (559) 659-2043	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px;">           9 4 — 6 0 0 0 3 3 3         </div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">C</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div style="width: 50%;">             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify)           </div> </div>	
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;"> </span> <span style="border: 1px solid black; padding: 2px 10px;"> </span>  A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): <u>Reconstruction of two water treatment plants</u>		<b>9. NAME OF FEDERAL AGENCY:</b> USDA-RUS	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; margin-top: 10px;">           1 0 — 7 6 0         </div>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Modification and expansion of two (2) existing water treatment plants to improve quality and quantity of treated water. Includes emergency power and enhanced fire flow and domestic delivery.	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Firebaugh, Fresno County, California			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 9/1/04	Ending Date 9/1/05	a. Applicant Calvin Dooley	b. Project Calvin Dooley
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 2,486,800.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ .00		
c. State	\$ 400,000.00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 2,886,800.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative Jose Antonio Ramirez		b. Title City Manager	c. Telephone Number (559) 659-2043
d. Signature of Authorized Representative 		e. Date Signed 03/12/04	

# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED <u>March 9, 2004</u>		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

TYPE OF SUBMISSION:	
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction

## 5. APPLICANT INFORMATION

Legal Name: <u>Golden Capital Network</u>	Organizational Unit: <u>Administration</u>
Address (give city, county, State, and zip code): <u>155 East Third Avenue</u> <u>Chico, CA 95926</u>	Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Jon Gregory (530) 893-8828</u>

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-3138048

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other(specify):

**RECEIVED**  
**MAR 16 2004**  
**STATE CLEARING HOUSE**

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

☒ N  
A. State H. Independent School Dist.  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special District N. Other (Specify) non-profit corp

## 9. NAME OF FEDERAL AGENCY:

U.S. Dept. of Commerce, Economic Development Administration

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11-307

TITLE: Economic Adjustment Assistance

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Placer, Butte, Shasta, Sutter, Yolo, Yuba, El Dorado, Nevada, Monterey, Santa Cruz, CA\*

## 13. PROPOSED PROJECT

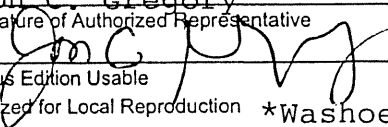
## 14. CONGRESSIONAL DISTRICTS OF:

Calif.: 1, 2, 4, 14, 17. Nev.: 2

Start Date <u>7/04</u>	Ending Date <u>6/06</u>	a. Applicant	b. Project
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15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,470,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ 75,000	DATE <u>3/9/04</u>	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 555,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 2,100,000		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative <u>Jon C. Gregory</u>	b. Title <u>President &amp; CEO</u>	c. Telephone Number <u>(530) 893-8828</u>
d. Signature of Authorized Representative 	e. Date Signed <u>3/10/2004</u>	

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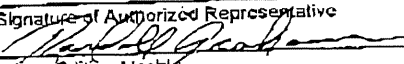
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\*Washoe, Douglas, Carson City, Storey, in Nevada

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OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
<input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION Legal Name: Artois Community Services District				Organizational Unit: Water System	
Address (give city, county, State, and zip code): P.O. Box 130 Artois, CA 95913				Name and telephone number of person to be contacted on matters involving this application (give area code) Randall Graham --530-934-3817	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0455504				7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____				9. NAME OF FEDERAL AGENCY: Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE: Water System - Loan & Grant				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New well, Pressure Tank, Natural Gas Engine, Fittings, Etc.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Artois Community Service District				RECEIVED MAR 17 2004 STATE CLEARING HOUSE	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: Doug Ose			
Start Date 3/04		Ending Date 12/04		a. Applicant #3	
b. Project #3		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/15/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
ESTIMATED FUNDING:		16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal Loan/Grant		\$ 303,000			
b. Applicant		\$ 41,160			
c. State		\$			
d. Local		\$			
e. Other		\$			
f. Program Income		\$			
g. TOTAL		\$ 343,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Randall Graham		b. Title Chairman		c. Telephone Number 530-934-3817	
d. Signature of Authorized Representative 				e. Date Signed	

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OMB Appr. No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier 09-108
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier V 98955001
6. D U N S Number: 808321913		Organizational Unit: Los Angeles Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Dixon Oriola (213) 576-6803	
8. Type of Application: ____ New <input checked="" type="checkbox"/> Revision _____ Continuation _____ If Revision, enter appropriate letter(s): <u>A</u> <u>C</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.802 Title: Superfund State, Political Subdivision, and Indian Tribe Site-Specific Cooperative Agreements		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.)		11. Descriptive Title of Applicant's Project. Funding is for the source identification and assessment of ground water contamination of existing wells for the San Gabriel Valley.	
13. Proposed Project: Start Date 1/1/01 End Date 6/30/05		14. Congressional District of: Applicant: Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$349,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$349,000		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: March 12, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	